

Bless To The Max, Inc. Personal Care Homes 5870 GA. Highway 57, Gordon, GA. 31031

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COVID-19- TEST RESULT REPORT FORM

Complete one form per result. Submit by email to care@bttmhome.com

Section 1: Patient Information

Last Name:				Last Name:			Middle Name:	
Sex:				Date of birth:				
What is the patient's affiliation to the facility?								
Resident ___	Staff ___	Visitor ___		Student ___	Other ___			
Patient's Address:						City:		
State:		Zip code				County:		

Section 2: Testing Facility Information

Facility name:						License (if applicable)		
Facility Address:						City:		
State:		Zip code:		Phone:				
Type of Facility: *(airport, Drive/walk through testing, Hospital, urgent care etc.)*								

Testing Information

Test Name:(Abbott,Cue Health, LumiraDx,Roche etc.)			
Specimen colletion date: _____			
Speciment type:	Nasal swab ___	NP (Nasopharyngeal swab) _	Other (specify) _____
Test Result:	Detected/Positive ___	Not detective/Negative ___	Inconclusive/Undetermined/Invalid/Equivocal ___
Device identifier:		Specimen ID:	